

**Table 53**  
**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,**  
**by Selected Diagnoses: Calendar Years 1987 and 1999**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Codes	1987				
		Persons in		Program Payments		
		Thousands	Percent	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
Total All Diagnoses	---	1,565	100.0	\$1,791,589	100.0	\$1,145
Total Selected Diagnoses <sup>3</sup>	---	560	35.8	665,493	37.1	1,188
Diabetes Mellitus	250	92	5.9	107,311	6.0	1,166
Essential Hypertension	401	40	2.6	40,470	2.3	1,012
Other Forms of Chronic Ischemic Heart Disease	414	21	1.3	18,832	1.1	897
Heart Failure	428	98	6.3	99,541	5.6	1,016
Acute But Ill-Defined Cerebrovascular Disease	436	85	5.4	136,903	7.6	1,611
Pneumonia, Organism Unspecified	486	26	1.7	24,561	1.4	945
Chronic Airway Obstruction, Not Elsewhere Classified	496	34	2.2	34,111	1.9	1,003
Chronic Ulcer of Skin	707	41	2.6	83,287	4.6	2,031
Osteoarthritis and Allied Disorders	715	48	3.1	42,244	2.4	880
General Symptoms	780	14	0.9	13,067	0.7	933
Fracture of Neck of Femur	820	61	3.9	65,166	3.6	1,068
<b>All Other Diagnoses</b>	---	<b>1,005</b>	<b>64.2</b>	<b>1,126,096</b>	<b>62.9</b>	<b>1,120</b>

<sup>1</sup>ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

<sup>2</sup>Does not reflect persons who received covered services but for whom no program payments were reported during the year.

<sup>3</sup>Based on frequency of occurrence in 1999. Persons served for total selected diagnosis may be over counted for beneficiaries receiving care for more than one category.

NOTE: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

**Table 53—Continued**  
**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,**  
**by Selected Diagnoses: Calendar Years 1987 and 1999**

Persons in Thousands	Percent	1999			Percent Change 1987-1999		
		Program Payments		Per Person Served <sup>2</sup>	Persons	Program Payments	Average Program Payment
		Amount in Thousands	Percent				
2,720	100.0	\$7,936,513	100.0	\$2,921	74	343	155
1394	51.3	3,314,535	41.8	2,378	149	398	100
172	6.3	779,612	9.8	4,545	87	626	290
122	4.5	242,348	3.1	1,986	205	499	96
92	3.4	120,938	1.5	1,314	338	542	47
226	8.3	459,790	5.8	2,037	131	362	101
121	4.4	291,736	3.7	2,417	42	113	50
101	3.7	142,094	1.8	1,415	288	479	50
99	3.6	190,132	2.4	1,925	191	457	92
135	5.0	587,777	7.4	4,364	229	606	115
171	6.3	244,467	3.1	1,436	256	479	63
75	2.7	114,497	1.4	1,540	436	776	65
80	2.9	141,144	1.8	1,767	31	117	65
1,326	48.8	4,621,978	58.2	3,486	32	310	211